

KYLEAP

Kentucky Law Enforcement Assistance Program



**Kentucky Community
Crisis Response Board**

KYLEAP

**Application
For
Team Membership**



Kentucky Law Enforcement Assistance Program Team APPLICATION & CREDENTIALING PACKET

Send completed application to:

KCCRB Team Membership, 111 St. James Court, Ste. B, Frankfort, KY 40601

Direct all questions to kccrbTeamProgramCoordinator@gmail.com or 502-607-5781

Kentucky Community Crisis Response Board (KCCRB) is a state office that consists of a board of directors (17 members) and an administrative office (5 staff persons) who manage the Kentucky Law Enforcement Assistance Program team (KYLEAP). The team consists of law enforcement personnel who are trained, credentialed, and on-call to respond to critical incidences and provide Psychological First Aid and peer support in Kentucky.

More Information can be found online:

Website: <http://kccrb.ky.gov>

Kentucky Administrative Regulations for KCCRB: www.lrc.ky.gov/kar/title106.htm

KYLEAP Team

Team Membership levels are based on education requirements, regional involvement, and KYLEAP response experience. Team members advance through membership levels by taking KCCRB classes, attending KYLEAP regional meetings, and going on KYLEAP responses. Each volunteer is credentialed to serve in 4 year terms. If you would like to continue with KYLEAP after 4 years on the team, you are welcome to complete a Renewal Packet. In order to renew, you will be required to detail 30 hours of Continuing Education acquired over the 4 years of team membership. All trainings offered through KCCRB count towards Continuing Education, are free for team members. In addition, many KCCRB trainings qualify towards Continuing Education Units, KLEC. More information about trainings can be found under the Training tab on the KCCRB website: <http://kccrb.ky.gov/train/>

There are five (5) components to the application for KYLEAP Membership.

1. Paperwork
2. Registering on K HELPS
3. Letter of support from agency leadership
4. Recommendation from KYLEAP selection committee
5. Training:
 - a. IS-700 Introduction to NIMS
 - b. ICS-100 Introduction to ICS
 - c. KYLEAP Orientation
 - d. Assisting Individuals in Crisis
 - e. Group Crisis Intervention
 - f. Suicide intervention and prevention training

The next two (2) pages will give detailed instructions on how to complete your application.



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PAPERWORK

Please complete the following (all forms are attached to this application)

- ☐ **KCCRT Team Agreement** (Please read and initial each membership provision and sign at the bottom)
- ☐ **Reference Form** (One reference must be from Supervisor and we cannot accept letters of reference)
- ☐ **ESF-8 Credentialing Information Form** (Information will be utilized on KYLEAP ID Badge and Accountability Tag.
- ☐ **KSP Request for Conviction Data Form** (Form must be signed and witnessed)
- ☐ **KyEM Form 50** (This form kept on file in the event of injury while on a KCCRT response. KCCRT Members are covered by KyEM Workers Compensation when on an authorized response.)
- ☐ **Photo Release Form**

In addition, please submit a copy of the following:

- ☐ **Professional Resume** or Work History (at the minimum it should cover the last 5 years)
- ☐ **Certifications** you currently possess
- ☐ **Recent digital color photo** (of head and shoulders against a plain background) in jpeg format via email to: kccrbTeamProgramCoordinator@gmail.com Please label photo: last name, first name.jpeg

REGISTER in KHELPS

The Kentucky Department for Public Health (KDPH) established the Kentucky Health Emergency Listing of Professionals for Surge (K HELPS) program. K HELPS is a web-based online registration system developed to facilitate health and medical response through identification, credentialing, and deployment of Kentuckians willing to serve in emergency, as well as non-emergency situations. Registering in KHELPS allows KCCRB the capability to communicate, activate and deploy you through automated technology.

Go to: <https://kentuckyhelps.com/> to complete the online registration.

1. Click the "Register Now" Button
2. Click "Select Organizations" and check "KCCRB: Kentucky Community Crisis Response Board"
3. Complete the online form and hit "next." You will then be registered in the Kentucky Health Emergency Listing of Professionals for Surge Database
4. Complete your profile
5. Remember your username and password to update any changes in contact information

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APPLICATION & CREDENTIALING PACKET INSTRUCTIONS
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TRAINING

KCCRB is focused on providing our volunteers with current best practice training in crisis intervention techniques, pre-incident preparedness and community resiliency. The classes detailed below are required to join KYLEAP Team. When you complete each training, please upload your certificates to your KHELPS profile (under "My Profile," select "Training," click "Add Training Course." You will then see a drop down menu with trainings listed. Select the appropriate course and upload the certificate.) If you are unable to upload your certificates, feel free to email or mail certificates.

2 ONLINE COURSES: (6 hours total)

Two (2) Federal Emergency Management Agency (FEMA) Independent Study Courses found at <http://training.fema.gov/IS/NIMS.aspx>

- ☐ **ICS-100.B** (3 hour course) Introduction to the Incident Command System
- ☐ **IS-700.A** (3 hour course) National Incident Management System (NIMS) An Introduction

4 CLASSROOM COURSE:

Assisting Individuals In Crisis – (2-day course) taught by KCCRB; Register at <http://kccrb.ky.gov/train/>

Group Crisis Intervention – (2-day course) taught by KCCRB; Register at <http://kccrb.ky.gov/train/>

OR

Assisting Individuals/Group Combo Class- (3-day course) taught by KCCRB; Register at <http://kccrb.ky.gov/train/>

KYLEAP Orientation -

Suicide Intervention and Prevention Training -

APPLICANT CHECK LIST

Mailed into KCCRB Office

- ☐ Application Forms
- ☐ Resume
- ☐ Copy of Credentials
- ☐ Letter from agency leadership

Mailing Address:

KCCRB Team Membership
111 St. James Court, Ste. B
Frankfort, KY 40601

Emailed:

- ☐ Color Photo

Email Address:

kccrbTeamProgramCoordinator@gmail.com

Upload Training Certificates onto K HELPS:
<https://kentuckyhelps.com/>



KYLEAP Team Membership Agreement

111 St. James Court, Ste. B Frankfort, KY 40601

(502) 607-5781 Email: kccrbTeamProgramCoordinator@gmail.com

Web: kccrb.ky.gov



Name (printed) _____

Telephone: (home) _____ (Work) _____

E-mail _____ (Cell Phone) _____

Please initial each line to show that you have read and understand each requirement of team membership with the Kentucky Law Enforcement Assistance Program (KYLEAP). Your signature at the bottom of this form denotes that you agree to each of the following membership requirements:

_____ I shall maintain and abide by the standards of my profession, including licensure, certification and/ or training requirements to support my KYLEAP Team Membership role.

_____ I hereby request KYLEAP membership and agree to serve for a minimum of four (4) years in a voluntary capacity as a KYLEAP member. If I become unable to provide further services, I will submit a written resignation to that effect.

_____ I understand that my Team membership will be for four (4) years and during that cycle I will complete thirty (30) hours of continuing education to support my role as a KCCRT member. I further understand that six (6) hours will involve KCCRT All Hazards Field Manual Training. Other sources of ongoing training include: KCCRB courses, KYLEAP Regional Team meetings and continuing educational units offered by recognized national/Kentucky CEU providers in the following core competency areas:

- | | | |
|--|--------------------------------|--|
| • Crisis Intervention/Psychological First Aids | • Disaster Mental Health | • Stress Management |
| • Effects of Traumatic Stress/PTSD | • All Hazards Field Manual | • Terrorism/bioterrorism |
| • Family/Significant Other Support | • Pastoral Crisis Intervention | • KCCRT Sponsored Training |
| • Field Assessment | • Secondary Traumatization | • Other content subject to approval by the Board |
| • NIMS-Incident Command | | |

_____ I understand that in order to retain membership status I must be available for responses. My membership may be revoked if I am not available to respond three or more times to a crisis within my area. Exceptions, in cases of illness or conflict of interest, may be made upon request.

_____ I agree to maintain strict confidentiality regarding statements made by participants or information acquired during KYLEAP crisis response provision except under those circumstances as required by Kentucky Revised Statute (KRS 209, KRS 620) i.e., duty to warn and abuse or neglect. I am aware that any violation of confidentiality may result in immediate dismissal from the KYLEAP team.

_____ I shall not act in the capacity of a KYLEAP responder, nor present myself as a KYLEAP member, at any given site without prior authorization/deployment from the KCCRB.

_____ I shall not solicit future clients or conduct other personal business while acting in the capacity of a KYLEAP member.

_____ I understand that only authorized travel expenses associated with responding as a KYLEAP member will be reimbursed based on state rates for mileage.

_____ I understand I will respond as KYLEAP member with authorized badge to the Incident Commander.

_____ I have read and shall follow the KCCRT All Hazards Field Manual and other team membership guidance published and posted on the website at: www.kccrb.ky.gov Please check here ☐ if you do not have access to the Web, and you will be sent a hard copy of the KCCRT All Hazards Field Manual.

_____ Upon termination of membership to KYLEAP, I will return all KCCRB property to the KCCRB office. This includes ID Badge, Accountability Tag, any KYLEAP shirts, polos, jackets, or vests.

_____ I sent/will send a current photo in jpeg format to: kccrbTeamProgramCoordinator@gmail.com for my new badge.

_____ In compliance with applicable federal and state laws and regulations, KCCRB prohibits any discrimination on the basis of race, color, sex, age, religion, national origin, sexual orientation or disability. KYLEAP members agree to comply with all applicable federal and state laws and regulations pertaining to the recognition and protection of the civil rights of persons to whom services are rendered.

Applicant Signature _____ Date _____

****For Office Use only**** Renewal Date



Kentucky Law Enforcement Assistance Program Team APPLICANT REFERENCE REQUEST

Send completed application to:

KCCRB Team Membership, 111 St. James Court, Ste. B, Frankfort, KY 40601
Direct all questions to kccrbTeamProgramCoordinator@gmail.com or 502-607-5781

Name (printed): _____ Date: _____

Please provide (3) three professional references that will be contacted in writing as part of the screening process. You must include your immediate supervisor or agency administrator familiar with your skills. The remaining (2) references can be from your professional work. (Please PRINT this information).

1. **Name/Supervisor** _____
Agency _____
Street/R.F.D./Box # _____ County _____
City _____ State _____ Zip _____
Current Telephone _____ Fax _____
Email: _____

2. **Name** _____
Agency _____
Street/R.F.D./Box # _____ County _____
City _____ State _____ Zip _____
Current Telephone _____ Fax _____
Email: _____

3. **Name** _____
Agency _____
Street/R.F.D./Box # _____ County _____
City _____ State _____ Zip _____
Current Telephone _____ Fax _____
Email: _____



Kentucky Law Enforcement Assistance Program Team ESF-8 CREDENTIALING INFORMATION FORM

Send completed application to:

KCCRB Team Membership, 111 St. James Court, Ste. B, Frankfort, KY 40601

Direct all questions to kccrbTeamProgramCoordinator@gmail.com or 502-607-5781

Name (printed): _____ Date: _____

Credentials

List current Licenses or Certifications you possess. (Please include a copy of each with your application)

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Phone: _____

Medical Alert Information

☐ NONE

Please list important medical conditions or drug allergies. If none, please check "none."

Current Place of Employment

☐ Check here if Retired

Agency Name: _____

Title: _____

Phone: _____ Fax: _____

Address: _____
Street City State Zip

Why are you interested in membership on the KY Community Crisis Response Team?



**REQUEST FOR FELONY CONVICTION RECORD
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD**

Pursuant to KRS 17.167, a request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

Organization Name and Address

**KENTUCKY COMMUNITY CRISIS RESPONSE BOARD
111 St. James Court, Ste. B, Frankfort, KY 40601**

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or acting as a volunteer, with one of the following organizations: a paid volunteer fire department (certified by the commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and Kentucky State Police employee's from any claim for damages arising from dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

Name: _____
Last First Middle Maiden

ADDRESS: _____
Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date

Witness Date

INSTRUCTIONS:

Employing agencies should ensure that all application information is completed.

RETURN THIS FORM TO:

Kentucky State Police
Records Branch
1250 Louisville Road
Frankfort, KY 40601



Kentucky Division of Emergency Management
WORKERS' COMPENSATION ENROLLMENT FORM



☒ **New Member**

☐ **Updated Enrollment**

Name (Last) (First) (Middle)

Street/P.O. Box/Route#

(City)

(Zip Code)

(County)

Social Security DOB:

Phone Home: Office:

Sex: Height: Weight: Hair: Eyes:

Emergency Services Organization: DMA-KCCRB

Date of Enrollment:

List any special training:

Are you presently a:

1. Volunteer Firefight Yes ☐ No ☐
2. Auxiliary Policeman Yes ☐ No ☐
3. Water Rescue Member Yes ☐ No ☐
4. Cave Rescue Member Yes ☐ No ☐
5. Other: KCCRT Volunteer

Signature: Date:

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office: _____



Kentucky Law Enforcement Assistance Program Team PHOTO RELEASE FORM

Send completed application to:

KCCRB Team Membership, 111 St. James Court, Ste. B, Frankfort, KY 40601
Direct all questions to kccrbTeamProgramCoordinator@gmail.com or 502-607-5707

- I hereby grant Kentucky Community Crisis Response Board (KCCRB) permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.
- I understand and agree that these materials will become the property of the KCCRB and will not be returned.
- I hereby irrevocably authorize the KCCRB to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the KCCRB's programs or for any other lawful purpose.
- In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.
- I hereby hold harmless and release and forever discharge the KCCRB from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of _____, named above,
and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)